



EXPRESS MAIL NO. EV336670425US

PTO/SB/22 (12-04)

Approved for use through 7/31/2006. OMB 0651-0031

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)   |                        | Docket Number (Optional)<br>418268851US |
|---|------------------------|---|
| Application Number  | 09/767,455-Conf. #9738 | Filed January 23, 2001                  |
| For ITEM, RELATION, ATTRIBUTE: THE IRA OBJECT MODEL   |                        |   |
| Art Unit  | 2176                   | Examiner P. J. Smith                    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |                        |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |                        |   |
|   | Fee                    | Small Entity Fee                        |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                  | \$60                                    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450                  | \$225                                   |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020                 | \$510                                   |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590                 | \$795                                   |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160                 | \$1080                                  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |                        |   |
| <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.   |                        |   |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                        |   |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |                        |   |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0665</u> . I have enclosed a duplicate copy of this sheet. |                        |   |
| I am the <input type="checkbox"/> applicant/inventor.   |                        |   |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |                        |   |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>33,273</u>  |                        |   |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |                        |   |
| <br>Signature  |                        | December 13, 2004<br>Date               |
| Maurice J. Pirio<br>Typed or printed name   |                        | (206) 359-8000<br>Telephone Number      |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.                                 |                        |   |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |                        |   |

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